

## Virginia Department of Corrections – STAR Award

### *Restrictive Housing Reform for Serious Mental Illness Inmates through a Secure Diversionary Treatment Program*

#### **I. When was the program established? What was the month and year of initiation?**

January 2018

#### **II. Why was the program created? What problems or issues is it designed to address?**

A national conversation about mental health in corrections has been ongoing for decades as mental health treatment services in the community has been on the decline. Subsequently, jails and prisons have been forced to become the largest providers of mental health care in the United States. Correctional administrators, treatment providers and line staff have struggled to manage this vulnerable population while facing increased medical costs, difficult security risks, enhanced staffing requirements, new training needs, and expanding the level of services and treatment options provided to the inmates in their care.

The Virginia Department of Corrections (VADOC) identified a critical need to develop innovative strategies in reducing the placement of inmates with Serious Mental Illness (SMI) in a restrictive housing environment in order to more effectively manage their treatment needs while mitigating security risks. In an effort to develop a collaborative system-wide approach, an SMI Committee was established including staff from Operations, Mental Health, Headquarters, Regional, and Institutional Leadership. The SMI Committee was tasked with creating an assessment tool to properly identify the SMI population while expanding the mental health services and programs opportunities for these inmates.

Data examined in 2017 indicated the Agency had approximately 850 inmates that were designated as SMI, with approximately 100 of them assigned to a restrictive housing setting at a given time. It became readily apparent there was a need to provide a secure and safe alternative treatment pathway for inmates with an SMI who otherwise would be in restrictive housing because of behaviors which may be considered a threat to safety and security of staff or other inmates. The vision was to create a diversionary pathway for these vulnerable inmates utilizing four (4) phases of treatment and management to meet these needs, from most to least restrictive.

In January 2018, VADOC implemented the Secure Diversionary Treatment Program (SDTP), a comprehensive initiative designed to increase the level of safety and security in correctional facilities by limiting serious incidents, disruptive events, and life-threatening situations for the inmates and staff. In parallel, by diverting these inmates into a treatment focused, secure, and supportive environment, dedicated staff can provide opportunities for participants to manage their mental illness, improve pro-social metrics and eventually thrive in general population or in the community upon release.

SDTP is supported in three different correctional facilities, each with unique program goals, with a total of 119 dedicated beds. Specific program goals include:

- Reduce the number of inmates with an SMI managed in a restrictive housing environment
- Reduce the number of serious and minor disciplinary infractions involving SMI inmates
- Reduce the number of emergency transports for SMI inmates
- Reduce the number of serious incidents involving an SMI inmate
- Improve pro-social metrics including resiliency, social relationships, stress management and communication

#### **III. What are the specific activities and operations of the program? (Please list in chronological order, if applicable.)**

##### **A. Establish Training Requirements for Staff**

The Department was acutely aware of the caution required when assigning or designating staff to work with the SMI population within the Secure Diversionary Treatment Program. There was a need for seasoned staff who had demonstrated the ability to de-escalate situations and make responsible efforts to defuse a situation. All staff designated to work with SMI inmates and within the SDTP program needed specialized training for interactions with SMI Inmates

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to include crisis intervention and de-escalation techniques. We require all SDTP staff and staff considered as alternates or relief, to be trained in Corrections Crisis Intervention Training (C-CIT), Mental Health First Aid and Trauma Informed Care. Moreover, extensive ongoing staff training is undertaken as a core tactic to support this significant culture change

**B. Implement programming and services that follow a Risk Needs Responsivity (RNR) and Evidence Based Practice (EBP) model**

***1. Operational Management Strategy: Secure Diversionary Treatment Program***

Inmates housed in the Secure Diversionary Treatment Program are all managed in General Populations settings. All SDTP inmates are involved in structured therapeutic activities for a minimum of 10 hours each week. SDTP inmates are also involved in a minimum of 10 hours of unstructured out-of-cell activities each week to include recreation, showering, religious services, telephone calls, visitation, and leisure time. In addition to these minimums, all SDTP inmates are offered a minimum of 4 hours of out-of-cell time per day. Each program is staffed with dedicated counselors, mental health clinicians, treatment officers, and security staff.

Inmates are enrolled in the Secure Diversionary Treatment Program because they meet the criteria for Serious Mental Illness and they often engage in assaultive, disruptive, and/or unmanageable behaviors. Every effort is made to manage their behaviors within the units.

***2. Secure Diversionary Treatment Program Phases***

**Phase 1: Intake/Orientation**

Upon arrival at the facility, the inmates are provided an orientation to the unit and program, as well as information about the rules and expectation, privilege earnings, and phase progression. All inmates are administered a battery of assessment instruments to determine risk and needs, to include, University of Rhode Island Change Assessment Scale (URICA), PTSD Checklist for DSM 5 – (PCL-5), Cross Cutting Symptoms Management, and Correctional Inmate Management Profiling and Alternative Sanctions (COMPAS). Orientation is used to begin to develop rapport between the inmate and team members, as well as to motivate the inmate to participate in the therapeutic programming.

**Phase 2: Active Treatment**

During Phase 2, participants complete their out-of-cell therapeutic Programming with Therapeutic chairs and small groups, depending upon the inmate’s personal behaviors and achieving treatment goals. Each inmate is assessed to determine their individual readiness and level of safety as they progress to increasing levels of freedom in greater contact with others during programming. Attention is placed on compliance with rules of the unit and institution, appropriate social interactions, personal hygiene, and cell sanitation.

**Phase 3: Maintenance**

During Phase 3, participants complete their out-of-cell therapeutic Programming within Therapeutic chairs and small groups, depending upon the inmate’s personal behaviors and achieving treatment goals. Inmates may be allowed extra privileges consistent with their treatment plan. During all phases of the program, participants are actively involved in treatment working toward their personal goals as documented in the treatment plan. Modifications to the Progression Plan and/or Treatment Plan may be made if a participant has demonstrated appropriate behavior needed for transitioning to a less restrictive setting.

**Phase 4: Transition**

After successful completion of the inmate’s current SDTP site, they will be referred to an external review committee to review the inmate’s progress. The inmates will have an active voice in their transition process. Depending on the

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specific risk factors and needs of the inmate, there are several pathway options for the inmate to transition into an appropriate setting.

**3. Program Specific Opportunities**

Inmates assigned to SDTP have three unique options based on their individual risk and needs and each offer the most appropriate environment, staffing and security solutions:

- ***High Security Diversionary Treatment Program (HSDTP)*** main treatment component is Illness Management and Recovery (IMR) by SAMSHA. IMR teaches participants how to manage their mental health symptoms, cope with stressors, identify personal recovery goals, develop relapse prevention plans, and live healthier lives. In addition, HSDTP also uses The Challenge Series interactive journals; this journal series focuses on strategies for the reduction of criminal behavior and development of personal coping skills. HSDTP is located in a maximum security prison.
- ***Intensive Diversionary Treatment Program (IDTP)*** main treatment component is Dialectical Behavior Therapy (DBT). DBT is an established program model for inmates with personality disorders, significant depression, bipolar disorder, anxiety, addictions and dual diagnosis difficulties. DBT is a cognitive behavioral therapy modality that helps individuals develop four skill sets: mindfulness, emotional regulation, distress tolerance, and interpersonal effectiveness. In addition, IDTP also incorporates the Corrective Actions journal series; a journal series that focuses on accountability of the individuals actions. IDTP is located in a correctional treatment center.
- ***Diversionary Treatment Program (DTP)*** incorporates programming that focuses on life skills, healthy choices and building prosocial relationships. The DTP is the largest component of the SDTP initiative with two sections: SCORE (Secure Communitive Orientation and Reintegration Environment) and EPIC (Enhanced Prosocial Interaction Community); each consisting of four phases. DTP is located at a medium security prison.

Inmates have the opportunity to participate in additional adjunctive programming based on their unique risks, needs, and treatment plans. Examples include but are not limited to individual therapy, medication management, educational services, substance abuse services, anger management, trauma informed care, and other group and individual electives.

**C. Establish Internal and External Review Protocols for Program Fidelity**

An increased level of review, fidelity assurance, monitoring of inmate progression, and appropriate inmate placement is carefully managed through an innovative system of checks and balances:

**1) Inmate Referral into SDTP**

An inmate is referred into SDTP by the mental health staff and facility leadership for an inmate in restrictive housing that exhibits behavior appropriate for program admission. This referral is reviewed and approved by the regional Mental Health Clinical Supervisor (MCHS) and the Regional Operations Chief or Regional Administrator.

**2) External Review and Initial Program Assignment**

The referral is submitted to the Multi-Institution Treatment Team (MITT), an external fidelity review team. The MITT is comprised of nine members including program and mental health staff at the three SDTP sites, central office mental health staff, the Statewide SMI Coordinator and chaired by a Regional Administrator. The team meets weekly to review referrals and recommendations are made by dialogue and consensus. Referral decisions into SDTP are team oriented and the members are responsible for the following reviews and recommendations:

- Ensuring all referred and accepted inmates meet eligibility requirements and are in genuine need of the Secure Diversionary Treatment Program

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- Reviewing and making informed decisions on an inmates entry into SDTP based on the external review, SMI determination, and assignment to SDTP, as well as any other relevant documentation
- Assigning the inmate to one of the three programs
- Assigning inmates to move between SDTP sites based on
  - Progression within the program after completion of assignments and goals
  - Regression due to excessive disciplinary behaviors or unsatisfactory behavior
    - Individual risks and needs are addressed for appropriate site placement
    - Alternate program referral if SDTP is deemed not appropriate

#### **3) *Internal Management & Inmate Progression***

Once the inmate is assigned to an SDTP site, an internal group, known as the Multidisciplinary Treatment Team (MDT), conducts a weekly review of each inmate's progression through their program. Discussion includes behavior compliance, clinical concerns or other operational and security concerns. The MDT is responsible for the following:

- Ensuring the inmate can be safely managed in their current SDTP assignment; and look at alternative housing when the current placement is no longer suitable.
- Assigning inmates to Phases within programs as they successfully complete the goals outline on their Progression Plan.
- Assigning inmates to return to earlier Phases within programs due to excessive disciplinary behavior or unsatisfactory performance.
- To ensure the inmate has completed all necessary work to fulfill the requirements of the SDTP.

#### **4) *Bi-Annual External Committee Review***

Each inmate in SDTP is reviewed by an executive level committee which offers an administrative level of review, fidelity, and assessment. This team meets twice a year to review each inmate's program and phase placement, decisions made by the MITT, and makes any changes or recommendations based on their findings. The External Review Team adds an extra layer of fidelity and reviews all decisions made by the MDT's and the MITT.

#### **IV. What equipment, technology and/or software (if any) are used to operate and administer the program?**

- The BOSS (Body Orifice Security Scanner) chair is used to detect the presence of metal contraband that might be concealed inside of the inmates' body.
- Therapeutic Modules and Secure Programming Chairs are used to allow inmates to come out-of-cell for individual interviews or to join small groups for programming. This increases the effectiveness of programming while ensuring safety for both staff and inmates.
- Chalk paint and chalk for individual artistic murals.
- Smart Board Systems and Laptops
- Innovative therapeutic games and activities.
- Art supplies for inmate creative self-expression

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**V. What are the annual operational costs of the program? How is it funded?**

Operating costs for the Secure Diversion Treatment Program are entirely funded through the General Assembly appropriations through the General Fund to the Virginia Department of Corrections. Below is a break down by SDTP site:

|                                | Personnel<br>Services | Equipment and<br>Supplies |                                       |
|--------------------------------|-----------------------|---------------------------|---------------------------------------|
| <b>RNCC</b>                    | \$963,607.00          | \$15,000.00               |                                       |
| <b>WRSP</b>                    | \$212,508.05          | \$15,839.40               |                                       |
| <b>MCTC</b>                    | \$315,696.13          | \$9,995.76                |                                       |
| <b>SDTP Overall<br/>Totals</b> | \$1,491,811.18        | \$40,835.16               | <b>Grand Total<br/>\$1,532,646.34</b> |

**VI. Has the program been effective at addressing the problem or issue? Please provide tangible results and examples.**

The VADOC has successfully graduated 46 inmates from SDTP in the first three years of implementation. This success has resulted in the appropriate housing into a general population settings at a variety of security levels, intensive reentry sites, general population, mental health units, and to the community. Of significant note, only **seven** of the SDTP graduates have been readmitted to the program to date.

The data below reflect the results of SDTP and achieving the goals of improved safety and security:

| Goal  | 1 Year Before | 1 Year After | % Change |
|---|---------------|--------------|----------|
| Reduce the number of inmates with an SMI managed in a restrictive housing environment | 267           | 75           | -72%     |
| Reduce the number of serious disciplinary infractions                                 | 81            | 23           | -72%     |
| Reduce the number of minor disciplinary infractions                                   | 87            | 43           | -51%     |
| Reduce the number of emergency transports   | 65            | 36           | -45%     |
| Reduce the number of serious incidents  | 82            | 31           | -62%     |

In addition, the final goal of SDTP is to improve pro-social metrics including resiliency, social relationships, stress management and communication. The mental health programs utilized by the SDTP include pre/post test scores to adequately determine effectiveness of the groups and overall program fidelity. Statistically significant program results include improvements with the following:

- **High Security Diversion:** Illness, Management and Recovery (IMR) (t=0.02; t=0.05), Traumatic Stress and Resilience group (t=0.04 and Coping with Stress (t=0.03). Participants gained knowledge about trauma and accessed how that trauma has affected their lives. They also developed skills and strategies to increase resiliency and reported a decrease in their perceived stress at the conclusion of the group.
- **Intensive Diversion:** significant improvement in their social interactions (t=0.01) following the completion of the Social Skills group.
- **Diversionary Treatment:** Coping with Stress (t=0.05), Feelings (Life Skills Series) (t=0.02), Self-Management (Life Skills Series) (t=0.05), Social Skills (t=0.001), and Houses of Healing (t=0.01). The Life Skills Series groups helped the inmates to gain a better understanding of how their thoughts, feelings and behaviors are connected so that the inmates can make better choices. The inmates also developed healthy social skills and improved communication.

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#### VII. What measurable impact has the program had? Has it created significant change in your state?

Virginia is already a national leader when it comes to reentry, as the state routinely has one of the lowest recidivism rates in the country (23.9%). A crucial element for managing a successful reentry program is housing and accessibility to RNR (risk, needs and responsivity) programming. SDTP addressed a critical need to develop innovative strategies to divert inmates with Serious Mental Illness (SMI) from a restrictive housing setting and into a program where their individual needs are met and supported. The investment by the VADOC in the seriously mentally ill inmate population in our care has created significant positive change in the agency.

It is clear from the data presented that prisons in Virginia are safer and more secure due to the SDTP. Infractions, incidents and emergencies are all significantly reduced once an inmate is assigned to the program. Inmates are shown to improve their relationships with others, increase levels of effective communication and manage stress responsively. These metrics mean safer working environments for our correctional staff and safer living conditions for the inmates in our care.

#### VIII. Did the program originate in your state? If YES, please indicate the innovator's name, present address, telephone number and email address. Are you aware of similar programs in other states? If YES, which ones and how does your program differ?

Yes, this program was developed under the leadership of Director Harold Clarke at the Virginia Department of Corrections.

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- **Dr. Julie Fink, Mental Health Clinical Supervisor**, Eastern Regional Office, 14545 Old Belfield Rd, Capron, VA, 23829. 804-837-7186. Julie.Fink@vadoc.virginia.gov
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The VADOC was inspired by programs at the Federal Bureau of Prisons and the Colorado Department of Corrections when developing the SDTP initiative. Many jurisdictions across the country have since developed programs similar to SDTP. In 2018, the American Correctional Association created new correctional standards related to eliminating the practice of restrictive housing for inmates with an SMI. This shift in national accreditation policy will contribute to the development of many more programs over the next few years. In addition, this is now an established best practice supported by the Vera Institute of Justice, which has partnered with VADOC for the past two years.

A few examples of similar programs include:

- **Federal Bureau of Prisons- Secure STAGES and Mental Health Step-Down Unit:** The Mental Health Step-Down Program is a residential treatment program at 4 locations offering an intermediate level of care for male and female inmates with serious mental illness.
- **North Carolina Department of Public Safety:** Created Therapeutic Diversion Units (TDU) at 7 locations
- **Colorado Department of Corrections:** Reforms include housing people with serious mental illness (SMI) in segregation and creating progressive step-down units to help people transition out segregation and back to general population.
- **New York Department of Correctional Services:** HALT Bill signed in 2021 to create Residential Rehabilitation Units and eliminates segregation for vulnerable inmates. Implementation set for July 2022.

SDTP differs from these selected programs because of its established program acceptance and fidelity review team (MITT) where referrals are made, discussed, and determined by a consensus of external practitioners. In addition, VADOC offers a minimum of four hours of meaningful out of cell time daily for inmates in SDTP and the program is managed in a general population setting. Virginia feels these two factors are important differences from other programs in terms of fidelity and flexible opportunities for treatment and support.

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**IX. Is the program transferable to other policy areas or states? What limitations or obstacles might other states expect to encounter when attempting to adopt this program?**

**VADOC cites the following critical factors as important for replication:**

- Collaboration between various disciplines from facilities, regional, and headquarters from inception to ensure stakeholder buy-in and ensure optimal results
- Leadership must be invested in the process; hold town hall meetings, speak to staff, model the way, provide the resources and stability throughout the process
- Develop Operating Procedure and program manuals to support initiative
- Use of valid classification and risk assessment tools
- Dedicated housing units or pods; establish a therapeutic milieu
- Determine data collection tools, performance measures and benchmarks for success
- Training and supporting line staff
  - Mental Health First Aid
  - Trauma Informed Care
  - Corrections Crisis Intervention Training (C-CIT)
  - Establish Incentives

**Limitations or Obstacles**

- Ability to onboard new security or treatment staff with limited or disrupted training opportunities
- Limited transfers or bed space availability due to COVID-19 restrictions
- Placement into SDTP is a decision made by an external team, versus the Unit Head, which is a shift for some leaders
- Facility wide staff shortage and staff turnover
- Inmates refusing to participate in programming and/or treatment